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Alcoholics' self-esteem and perceptions of support

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ALCOHOLICS' SELF-ESTEEM AND PERCEPTIONS OF SUPPORT

A Thesis

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ABSTRACT

This study was undertaken to assess the self-esteem of male and female alcoholics and to relate this self-esteem to the alcoholics' perceptions of other people's attitudes toward them. In order to assess self-esteem, the Tennessee Self-Concept Scale was used. It was found that male and female alcoholics only differ on the Personal Self and the Physical Self scales of the TSCS. Females valued themselves less than male alcoholics, and they were more dissatisfied with their physical being than male alcoholics. Looking at age, older alcoholics had a more positive perception of themselves than younger alcoholics. In order to assess alcoholics' perceptions of other people's attitudes toward them, two different instruments were used. Using a semantic differential, significant differences between male and female alcoholics were found on the following factors--Potency, Feminine-Masculine, Morality, Accountability, Activity, and Evaluative. Except for accountability to their children, female alcoholics perceived that the different factors of support viewed them more positively than did males. Finally, a questionnaire was given the

alcoholics asking them for their perceptions of emotional and financial support during treatment that they felt they would receive from his/her spouse, children, friends, employers, and community. Except for employers, male and female alcoholics perceived that they would receive more emotional support than financial support from others in their treatment. In the one case in which male and female alcoholics differed, females perceived that they would receive more emotional support from their friends than did males. Explanations and suggestions for future research were outlined.

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INTRODUCTION

The American Medical Association (1977) defines alcoholism as

> an illness characterized by a preoccupation with alcohol, loss of control over consumption leading to intoxication if drinking is begun, chronicity, progression, attendance to relapse, and by significant impairment that is directly associated with persistent and excessive use of alcohol. Impairment may involve physiological, psychological or social dysfunction (p. 4).

In the United States there are an estimated 10 million alcoholics and problem drinkers. At least one-third of these people are women (Sandmaier, 1980). Obviously from these large numbers, alcoholism is a major problem for both men and women. The public's attitude toward the alcoholic may be related to the seriousness of this problem. Even though as many as a third of the alcoholics are women, the public's attitude toward the female alcoholic may be worse than toward male alcoholics. This attitude almost certainly affects how the female alcoholic feels about herself. It may affect how the female alcoholic is treated. In order to understand the relationship between alcoholism and attitudes towards alcoholism, several questions, which serve as the framework of this review, can be asked. First, is there a stigma

in being an alcoholic regardless of the person's sex? Second, is there an attitudinal distinction between the male and female alcoholic? Third, what are differences between male and female alcoholics?

General Attitudes Toward an Alcoholic

In general there has been negativism toward male and female alcoholics. The alcoholic has been viewed as a morally-weak person who lacks the motivation and will power for recovery (Stafford & Petway, 1977). This view is moderated by certain demographic variables which appear to affect attitudes towards alcoholics. For example, different ethnic groups within a community have been found to have different attitudes about alcoholism. Specifically, Blacks, American Indians and Mexican Americans regarded alcoholism as a greater health problem than Anglos (Beigel, McCabe, Tamerin, Lowery, Chapin, & Hunter, 1982). Also Indians and Mexican Americans were more likely to ascribe problem drinking to inadequate will power than Anglos. Adults who were older, poorly educated, and had less exposure to the mass media were more unaccepting of alcoholism than younger, educated adults with more exposure to the mass media (Linsky, 1970). In compairing attitudes towards alcoholics among male inmates in a state correctional facility, a sample from a rural community, and students in a graduate school of social work, the

students were the only ones to give a positive rating to an alcoholic or to a problem drinker (Kilty, 1978). Rural males were most accepting of the functional aspects of alcohol use, while rural females were least accepting. In another study Kilty (1975) compared attitudes and beliefs about alcohol and alcoholism held by social work graduate students, professional social service agency workers, and community residents and suggested that professionals are included to adopt negative opinions and biases of the community within which they work. Kilty questioned whether the students, after becoming professional social workers, would become less tolerant of alcoholics in order to avoid conflicts with the community members.

Several studies have researched the attitudes of medical professional who may deal with alcoholics. Using an alcoholism questionnaire, nurses and nursing assistant perceived the alcoholic as more "weak-willed" than a group of 200 residents selected randomly from the general population (Ferneau & Morton, 1968). In a study of public health nurses, hospital nurses, and nurses in education and administrative positions, staff nurses in hospitals and in public health agencies (those nurses who had the closest contact with alcoholics) had the most ambivalent and negative attitudes towards alcoholics (Johnson, 1965). By comparison, high status staff,

including psychiatrists, psychologists, social workers, and administrators, perceived alcoholics as more bitter and self-pitying than did low status, including the clerical and housekeeping staff (Sowa & Cutter, 1974). A similar group of psychiatrists, psychologists, and social workers at a Veterans Administration hospital viewed alcoholism as being caused by excessive dependency, poorly restrained impulses, and low tension tolerance (Knox, 1969, 1971, 1973). Hanna (1978) reported negative attitudes by intake personnel at Massachusetts General Hospital toward problem drinkers who labeled themselves alcoholic. Problem drinkers who labeled themselves alcoholic were sent to a special Alcohol Team while those who did not label themselves were sent to psychiatric treatment, suggesting that self-labeling induces feelings in the intake personnel that prevents the alcoholic from getting an objective evaluation. In another study it was found that mental health professionals viewed the alcoholic as being passive and impotent while police officers and guidance counselors viewed the alcoholic as mysterious and strange (Mackey, 1966).

Looking at studies of future caregivers, it appears that the attitudes of these individuals seem to change as they progress through their education. A study by Fisher, Mason, Keeley, & Fisher (1973) on the effect

of medical training on attitudes toward alcoholics found that the housestaff and second year medical students rated alcoholics more negatively on a semantic differential measure than did first year medical students. They proposed that perhaps the housestaff feel that all alcoholic patients are passive, aimless and hopeless because they are unable to induce an alteration in the patient's drinking behavior. A study of Australian medical, nursing, and pharmacy students also found that final year students had more negative attitudes toward alcoholics than first year students (Engs, 1982). Few students in medicine, nursing, social work, or counseling were interested in devoting their time in the care of problem drinkers because of their prognostic pessimism and their negative assessment of existing therapeutic resources for alcoholism treatment (Wechsler & Rohman, 1982). Curlee (1967) contended that people are hindered from becoming involved in the treatment of alcoholics because of the attitude that alcoholics are "uninteresting".

Attitudes Toward the Female Alcoholic

Many studies have shown that the alcoholic--male or female--is viewed negatively. An additional question is whether there exists an attitudinal distinction between the male and female alcoholic. Is there a double standard for female alcoholics? Are they being tagged with the

moral stigma of alcoholism and the additional stigma of being females? Most studies indicate that female drunks are more highly criticized than male drunks. Drunkenness has been found to be less tolerated in females than in males by Scottish teenagers (Davis & Stacey, 1972), a large minority of teenagers in the United States (Rachal, 1975), a sample of primarily white middle class men and women from an urban area (Stafford & Petway, 1977), residents of a low income housing project in the Midwest (sterne & Pittman, 1972), and in Great Britain (Saunder, 1980). This has been found in both males and females (Lawrence & Maxwell, 1962) and in children of alcoholic mothers (Cork, 1969). Even female alcoholics showed aversion and rejection of intoxicated women (Curlee, 1967).

The above studies show that there is a definite distinction between the male and female drunks. However, this double standard is more complex when applied to alcoholics. Using a semantic differential with white urban middle class, Stafford and Petway (1977) did not find a greater stigma for female alcoholics than male alcoholics. Using a vignette method O'Brien, Rossi, & Tessler (1982) found that neither the sex or the social class of fictitious persons described in the vignettes affected the judgments of college undergraduates about

the seriousness of drinking. This could mean that standards are changing or the standards for the white middle class and college undergraduates are changing. Or it could mean that the measure techniques were insensitive.

Although these two studies do not report that the female alcoholic is more stigmatized than the male alcoholic, this distinction does seem to appear in other studies in a variety of circumstances. For example, there has been a frequent association between alcoholism in women and social promiscuity. Although both males and females on skid row used alcohol heavily, Moore & Yegidis (1982) found that the skid row alcoholic male was described by police officers and vice squad detectives as a bum or alcoholic while the female skid row alcoholic was described as a prostitute, seemingly ignoring the fact that there is a large population of alcoholic skid row inhabitants that are female. Lisansky (1957) saw this association because of the stereotype of the female alcoholic and observations of those alcoholic women who drink publicly and who have problems with the law. Contrary to this stereotype, only 5% of all women drinkers are promiscuous while most of the other 95 percent have little interest in sex (Schuckit, 1972).

Garzon (1974) concluded that society's attitudes

towards the female alcoholic are a contributing factor to the high divorce rate of female alcoholics. While nine out of ten wives stayed with their alcoholic husbands, one out of ten husbands stayed with their alcoholic wives (Fraser, 1973). Lindbeck (1972) concluded from her literature review that "among therapists are well as the lay public, the nonalcoholic spouse of the drinking male is suspected of contributing to her husband's drinking, but the nonalcoholic spouse of the alcoholic woman is more likely to be regarded as a deprived person who receives more sympathy than censure" (p. 575).

Looking again at physicians' attitudes, studies show that physicians do seem to have more negative attitudes toward the female alcoholic. Even though not a majority, a substantial minority of doctors believed that alcoholic females, as compared to alcoholic males, had loose morals, more psycho-sexual conflict, and a greater tendency to get into social difficulties (Johnson, 1965). Alcoholic women (as well as women in general) visited doctors more than men, but they were diagnosed alcoholic less frequently than men (Cooperstock, 1976). This could mean that physicians may ignore the problems of alcoholism in females.

Female alcoholics also seem to be more stigmatized in their alcoholism treatment. Although this problem

seems to be improving with the social awareness of the female alcoholic, female alcoholics are still often put into all male units where there are few other women and little knowledge by the staff of the differences between male and female alcoholics. The assumption is that if something works for men, then it will work for women also (Babcock & Connor, 1981) although women have lower success rates than males (Beckman, 1975; Blume, 1978). Kaubin (1978) found that some therapists slighted female addicts in coed groups because the men were more aggressive (Kaubin, 1974). In coed groups males often dominated conversations and played linquistic and nonverbal power plays. Even if men and women had the common problem of alcoholism, men often had the attitude that female alcoholics had low morals (Babcock & Connor, 1981). All of these factors contribute to the failure of female alcoholics to participate fully in coed Alcoholics Anonymous groups (Curlee, 1967). In interviews with three counselors, Lemay (1980) reported that prejudices against women can interfere with the treatment of female alcoholics. An attitude that facilitates the treatment of alcoholics is the belief that recovery is possible (Curlee, 1971). Women alcoholics, especially at the beginning of treatment, need to feel that people have faith in them and that people care about them (Sandmaier, 1980). Hornik (1977) felt

that if the alcoholic woman recognizes the therapist or staff's negative attitude, she internalizes more self-hate and, therefore, exacerbates her problems.

Besides the medical and alcoholism treatment fields, businesses also tend to view the female alcoholic negatively. There were low referral rates for women to alcoholic programs by management in industries with high proportions of female employers (Merkin, 1977). Trice and Beyer (1980) concluded that there is sometimes an inability by management to recognize that problem drinking may be one of the causes for poor job performance of women employees. For industries it is sometimes easier to say that a woman is missing days of work because of "female problems" than to confront a woman about her drinking. Sandmaier (1980) wrote that branch managers of a large New York corporation were quicker to take disciplinary action against hypothetical alcoholic men than alcoholic women but felt more anger and concern for the alcoholic women. Thus while employers seem to level a more severe penalty towards the male alcoholic, the female alcoholic often just seems to be ignored.

The police also seem to have a more protective view of the female alcoholic. Police are less likely to arrest women for drunk driving (Blume, 1978). Their attitude is to put the woman in a cab or call a friend or relative to

drive her home. If an arrest does occur, the alcoholic woman is less likely to be convicted than the male alcoholic (Fraser, 1973). Although this attitude often protects the female from being jailed, referrals to treatment centers often come with arrests and convictions, thus it prevents the female alcoholic from receiving treatment for her alcoholism. Mackey (1966) reported that police considered the alcoholic woman to be dangerous, unpredictable, and feminine. Even though she is seen as dangerous and unpredictable, her femininity seems to bring out the policeman's protectiveness. However, there is contrary evidence in the more recent literature. Beckman and Amaro (1983) found that more female alcoholics than male alcoholics said that their employer or the courts had suggested or mandated treatment. Thus there may have been important changes over the last decade.

The group that probably protects the alcoholic woman the most is the family. The female alcoholic remains hidden because the family often overlooks or denies her excessive drinking (Lindbeck, 1972). Garzon (1974) reported that "the development of alcoholism in a woman is often compounded by the tendency of those closest to her to weave a protective circle of silence around her drinking in an effort to 'protect' her from public attention" (p. 3). She is an embarrassment. When a husband does

recognize that his wife is a problem drinker, he often doesn't disclose the information because he is afraid that the divulgence will reflect on his masculinity and his inability to control his wife's behavior (Lindbeck, 1972). Because of the family's protection and denial, it is easy for the female alcoholic to progress to the chronic stage of alcoholism (Calobrisi, 1976).

Thus society, which includes family members, physicians, employers, police, and the court system, often disavows the female alcoholic. Sometimes this negativism is seen as protection by these people. A circle of protection surrounds the female alcoholic within which she can remain hidden to continue her drinking. Fraser (1973) said that "the alcoholic woman appears to be so threatening a digression from the current cultural ideal that she throws us into fits and starts of confusion. . . .She is punished and protected, both because she is an alcoholic and because she is a woman" (p. 68). Although two studies cited previously (Stafford & Petway, 1977; O'Brien, Rossi, & Tessler, 1982) reported that female alcoholics are not stigmatized more than male alcoholics, other studies seem to imply that, in some cases, there is more stigma for the female, even if it is often done indirectly.

Differences Between Male and Female Alcoholics

Although there are disagreements as to whether society

makes distinctions between male and female alcoholics, there are several documented differences between male and female alcoholics. These differences include home life, drinking patterns, heavy drinking precipitators, secondary diagnosis, sex role conflicts, and self-perceptions. In comparing women alcoholics to men alcoholics, the following conclusions have been reported.

Kinsey (1966) found that homes where the mother was dominant and emotionally distant and the father was weak and passive were more likely to produce alcoholic women. Alcoholic women were more likely to come from homes where an alcoholic parent, sibling, or spouse lived (Sherfey, 1955; Lisansky, 1957). They also suffered more deprivation from loss of a parent in childhood and were subjected to more emotional trauma (Curlee, 1969; Rathod & Thomson, 1971). In addition, more female alcoholics had spouses with a drinking problem (Lisansky, 1957; 1958).

Looking at drinking patterns, it has been found that women tended to drink alone, to start drinking later in life, and to lose control of drinking later (Lisansky, 1957). Women were also more able to point to a specific incident in their lives which they believed precipitated heavy drinking. The incidents often cited

were divorce, obstetrical and gynecological problems, and death of a husband or parent (Fraser, 1973). Although women abused alcohol later in life than men, Beckman (1975) and Gomberg (1979) noted in their literature reviews of female alcoholism that men and women entered treatment at the same age and stage of disease which they suggested means that the disease develops more rapidly in the female.

With both female and male alcoholism, there is often more than one diagnosis. Primary alcoholism was the most common type in males and females, but the predominant secondary type was sociopathy in men and depressive illness in women (Blume, 1982). Winokur and Clayton (1968) also reported that more female alcoholics had a secondary diagnosis of depression, and more women had a higher incidence of suicidal thoughts and delusions.

Several research projects have looked at the relationship between alcoholism and the acceptance or rejection of traditional sex roles. In a longitudinal study of the personality traits of teenagers who later became problem drinkers, it was found that males and females demonstrated different kinds of needs and conflicts. While boys who later abused alcohol were aggressive and rebellious, girls seemed obsessively concerned with their feminine adequacy (Jones, 1971).

Curlee (1969) reported that many alcoholic women suffer an identify crisis. They define themselves in relation to their husbands or children. Schuckit (1972) and Sandmaier (1980) found that female alcoholics polarized their situation by totally rejecting or accepting traditional female roles and behavior. Women perceived that the stress created by this total acceptance or rejection of gender-determined roles was a contributing factor to their alcoholism (Mandel & Morth, 1982), although it remains possible that alcoholism contributed to the acceptance or rejection of gender roles. The acceptance or nonacceptance of feminine role behavior, heightened by the perception of pre-mentrual physiologic changes may serve as a significant stress for alcoholic women (Belfer, Shader, Carroll, Hamatz, 1971). Another study found that alcoholic women compared to alcoholic men were less sex role traditional (Beckman, Day, Bardsley, & Seeman, 1980).

Related to studies on sex roles are studies investigating the reasons why alcoholics drink. In a study of male alcoholics, McCord and McCord (1960) found that alcoholics drank to satisfy hidden dependency needs that were forbidden expressions in adult society. Again studying men only, McCleland (1972) challenged this idea and proposed that individuals abused alcohol

to heighten illusions of power over others.

Wilsnack (1973; 1974) refuted these dependency and power theories as applied to women. She found that drinking decreased women's need for power over others and had no effect on their need for dependency. In a study of middle class female social drinkers over 30, she found that drinking made some women feel more feminine. She also concluded that, on a conscious level, female alcoholics valued traditional feminine norms; but, on the measures of unconscious sex-role identity, they identified with "masculine" attitudes and feelings.

The opposite pattern of sex-role conflict in lower class and alcoholic women under 30 was found. As measured by the Terman-Miles masculinity-femininity test, these alcoholic women consciously rejected the female role, but unconsciously needed to live up to social norms of femininity (Parker, 1972). In both Wilsnack's (1973; 1974) and Parker's (1972) studies, women's use of alcohol was related to their attempt to resolve their sex-role conflicts, not to satisfy power or dependency needs as in men.

Another difference between the male and female alcoholic is in their self-perceptions. In their study of urban middle class, Stafford and Petway (1977) did

not find greater stigma for female alcoholism than male alcoholism. The did contend, however, that "perhaps if greater stigma is associated with alcoholism in women, it originates in their self-perceptions rather than in the perceptions of others" (p. 2118). As women are more oriented to social approval (Scarf, 1979), Babcock and Connor (1981) speculated that "even equal stigmatization of the sexes for alcoholism could result in greater emotional disruption for women" (p. 234). For example, female alcoholics had more guilt and shame than male alcoholics (Mandel, Schulman, & Monteiro, 1979). They also reported feeling more powerless and inadequate than male alcoholics (Beckman, 1980). A female alcoholic more often described herself and was described by her spouse as guilty and depressed (Tamerin, Tolor, & Harrington, 1976). In some cases, this guilt may be related to the fetal alcohol syndrome. Although the majority of alcoholic women are past child bearing years, these women feel guilty for hurting succeeding generations (Gomberg, 1979).

There have been different results for studies on self-esteen for male and female alcoholics. Beckman (1978) and Beckman, Day, Bardsley, and Seeman (1980) reported that women alcoholics had lower self-esteem than male alcoholics and nonalcoholic women. With

married couples, after social drinking, women's self-esteem decreased significantly while there was a near-significant increase in the men's self-esteen (Konovsky & Wilsnack, 1982). In a longitudinal study of 150 women in different alcoholic treatment settings, it was found that female problem drinkers perceived women who drank heavily as more rejected than men (Corrigan, 1980). One study reported though that there was no difference in scores for self-esteem on the Rosenberg Self-Esteem Scale between male and female alcoholics (Beckman & Amaro, 1983). Using a Q-sort technique with a small sample, Clarke (1974) also did not find differences in self-esteem between male and female alcoholics.

In addition to self-esteem, differences appear in other psychological characteristics. Women alcoholics hide their drinking which then leads to its telescoped growth because of their guilt, fear of rejection, and feeling of greater reproach (Lindbeck, 1972). Some authors feel that the female alcoholic has more psychopathology and maladjustment than the male (Johnson, 1965; Rathod & Thomson, 1971). According to Curlee (1970), the female alcoholic must have more psychopathology because she sees female alcoholism as more of a social taboo, and she sees the female alcoholic internalizing this greater stigmatization. She suggested that the

alcoholic woman suffers more self-deprecation than the alcoholic man. She speculated that this self-loathing can be the reason why it is more difficult for female alcoholics to recover than for men. Lisansky (1957) puts this in a different way, "The woman patient who appears at a clinic or hospital after years of uncontrolled drinking could therefore conceivably be a more disturbed individual than her male counterpart as a result of her alcoholism and its socially punishing consequences, and not because she was initially, in her prealcoholic personality, a more disturbed individual" (p. 590).

Statement of the Problem

In general, alcoholics are a stigmatized group. The question has been asked, "Are female alcoholics more stigmatized than male alcoholics?" The answer doesn't seem to be simple yes or no. Two studies (Stafford & Petway, 1977; O'Brien, Rossi, & Tessler, 1982) have found that female alcoholics are not directly stigmatized more than male alcoholics. Other studies though have found that female alcoholics may be indirectly more stigmatized than male alcoholics. Stafford and Petway suggested that although female alcoholics are not stigmatized more than male alcoholics, they may perceive that they are more stigmatized. An

important question then should be asked, "Who perceives they are more stigmatized--male or female alcoholics?" The objective of this study was to measure alcoholics' perception of other people's attitudes towards them and to relate these perceptions to self-esteem. It was hypothesized that female alcoholics would feel greater stigma and lower self-esteem than comparable male alcoholics matched on age and socioeconomic status. This information could suggest why few female alcoholics enter treatment. Also if women alcoholics have lower self-esteem and perceive fewer social supports, they may have more difficulty in treatment. Information about the relationships among these variables can help treatment centers develop better programs for male and female alcoholics.

Using several instruments, it was expected that

a) Female alcoholics, compared to male alcoholics, would have significantly lower scores on the following scales of the Tennessee Self-Concept Scale: Total Positive, Identity, Self-Satisfaction, Behavior, Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self. Female alcoholics would be significantly higher on the Self-Criticism scale than male alcoholics. Both male and female alcoholics would be significantly lower than the norm group of the

Tennessee Self-Concept Scale.

b) Compared to male alcoholics, female alcoholics would perceive that their partner, children, closest friends, boss/supervisor, and community view them more negatively on the semantic differential evaluation factor (bad, dishonest, sour, sick), the potency factor (weak, hard), the accountability factor (not responsible, not reliable), and morality factor (immoral, not respectable). The female alcoholic would also perceive that the above people view them as more critical, selfish, and hopeless.

c) Female alcoholics would perceive that they would receive from their partner, children, closest friends, boss/supervisor, and community less emotional and financial support during their alcoholism treatment than male alcoholics.

METHOD

Subjects

The subject samples were drawn from two different alcoholism treatment centers in Southern California. A small sample of 18 (14 males and four women) was tested from a medical model treatment facility. The other 122 (88 males and 34 females) were tested from a social model treatment facility. Since the sample from the medical model was so small, the data on the two treatment programs were not analyzed separately. For the purposes of this study, an alcoholic was operationally defined as an individual in treatment for alcoholism during the period the data were collected.

The following sociodemographic information was collected from each subject: age, occupation, educational level, marital status, number of children, location of primary drinking action, and how long they believed they were an alcoholic. The mean age for the males and the females was 36. Most of the males were in semiskilled occupations, while most of the females were in skilled occupations. Twenty-four of the males were married, 29 were single, three were widowed, and 46 were divorced or separated. Eight of the females were married, 11 were

single, two were widowed, and 17 were divorced or separated. The average number of children for males was two, while one child was the average number for females. The location of primary drinking action for males and females was home. The average length of time the males believed that they were alcoholics was 13.9 years, while the average length of time that females believed that they were alcoholics was 9.7 years.

Instruments

Self-perception. The Tennessee Self-Concept Scale (TSCS) (Fitts, 1965) has 100 self-descriptive statements which describe the person's perception of himself/herself. There are five response categories which range from completely true to completely false. As determined by clinician judges, the content of the items is negatively and positively balanced. Scores are obtained from ten subscales:

Total Positive depicts the person's general level of self-esteem.

Identity describes the individual's basic identity.

Self-Satisfaction measures his/her acceptance of the perceived identity.

Behavior reflects a person's perception of his/her actions.

Physical Self conveys the individual's view of his/her body (including sexuality and appearance).

Moral-Ethical Self depicts his/her feeling of being bad or good and his/her relationship with God.

Personal Self measures a person's inner value of self.

Family Self reflects his/her perceptions of being a valuable member of a family

Social Self depicts in general his/her perception of relationships with others.

Self-Criticism indicates a person's obvious defensiveness.

Empirical Scales

Defensive Positive Scale measures a more subtle defensiveness. High scores indicate a defensive falsification, while low scores depict a lack of minimal self-defenses.

General Maladjustment Scale gives a general measure of maladjustment. High scores indicate similarity to psychiatric patients.

Psychosis Scale measures a similarity to psychotic patients.

Personality Disorder Scale depicts people who have personality weaknesses as opposed to people who have psychotic or neurotic problems. High scores depict people who lie and are untrustworthy.

Neurosis Scale measures a similarity to neurotic patients.

Personality Integration Scale reflects people who have a level of personality integration. A person who scores high on this scale is satisfied with oneself, with God, and with relationships.

The ten subscales have test-retest reliability from .75 to .92. Validation procedures show significant differences between clinical patients and non-clinical patients. It also shows discrimination within patient

groups. Most of the scores correlate with the appropriate subscales on the Minnesota Multiphasic Personality Inventory. The TSCS can be used for persons with sixth grade reading levels.

Perceived viewpoint of others. The modified semantic differential is composed of 16 bipolar adjustive pairs. There are high loadings on the evaluative factor (bad-good, honest-dishonest, sour-sweet, sick-healthy), the activity factor (calm-excitable, slow-fast) and the potency factor (strong-weak, hard-soft). There are also an accountability factor (responsible-not responsible, reliable-not reliable) and a morality factor (moral-immoral, not respectable-respectable). Other scales are masculine-feminine, critical-uncritical, selfish-unselfish, and hopeful-hopeless (Stafford & Petway, 1977).

Subjects were given booklets which contained five pages asking them to rate on a scale ranging from one to seven (the higher the score, the more the rating was similar to the second word of the adjustive pair) how they perceived that their partner, children, closest friends, boss/supervisor, and community viewed them.

Perception of support from others. Each subject was asked, "Do you feel that the (stated individual) will support you (emotionally, financially) during your alcoholism treatment?" Under partner, children, closest

friends, boss/supervisor, and community, a 7-point Likert scale ranging from strongly support to no support was used to judge subjects' perceptions of the above people's support. They were also asked to check yes or no by the following statements: He/she will visit me; He/she will help pay for my alcoholism treatment; He/she will care for the children; He/she will divorce or leave me; He/she will listen to my problems; He/she will hold my job for me. These statements were placed in the appropriate position for the relevant person, i.e., partner, employer, child, and closest friends. If the subjects had children, they were asked the sex, age, and position in the family of each child. They were asked to judge the perceived support from each child.

Procedure. The instruments were given to the subjects as soon as possible after entry into the treatment centers. As most of the subjects needed to be detoxified, the instruments were administered approximately five days after entry. The battery of tests took approximately one hour to administer.

RESULTS

This study was divided into two sections. First, it measured alcoholics' self-perceptions. The Tennessee Self-Concept Scale was used to compare the normative scores of the TSCS with the scores of the alcoholic males and females in this study. Following this comparison the alcoholic males and females were compared in order to investigate whether there were significant differences in their self-perceptions on the TSCS. Differences attributed to the effect of sex were then examined through regression analyses, utilizing age and socioeconomic status as covariates. Second, this study measured how alcoholics perceived other people's attitudes towards them. A semantic differential was used to study whether male and female alcoholics differed in their perceptions of how their spouse, children, friends, employers, and the community perceived them. Finally, the perceptions of male and female alcoholics were compared to identify whether any differences existed between emotional and financial support perceived by them to be given by their spouses, children, employers, friends and the community.

First, in order to indicate whether the samples of

this study differed from the normative samples of the Tennessee Self-Concept Scale, one sample t-tests were performed which compared the norms of the TSCS on the ten subscales and the six empirical scales with the scores of the alcoholic males and the females in this study. The raw scores were converted to T-scores for the subjects in this study and then appropriate tests were performed. Male and female alcoholics were significantly lower on nine of the subscales--Total Positive, Identity, Self-Satisfaction, Behavior, Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self. (See Table 1). While male alcoholics did not show significance on the Self-Criticism subscale, female alcoholics were significantly higher on the Self-Criticism subscale than the normative sample, t (37) = 3.39, p = .05. Both alcoholic males and females were significantly different from the norms on all six of the empirical scales. Their low defensive positive t-scores indicated that they lacked the usual defenses for sustaining even minimal self-esteem. In comparisons with the norms, they were more maladjusted, more psychotic, and more neurotic. Scores on these scales also indicated that the alcoholics lacked satisfaction with self, religious orientation, and social relationships, and they had basic personality difficulties, including

Table 1

t-Tests Comparing the Normative Samples of the TSCS with the Scores of Alcoholic Males and Females

	Males		Females	
Scale	Mean	t-Score	Mean	t-Score
Self-Criticism	51.36	1.559	53.24	2.389*
Total	31.79	-18.711**	28.92	-12.577**
Identity	28.65	-17.944**	26.52	-11.708**
Self-Satisfaction	36.71	-13.790**	33.40	- 8.899**
Behavior	29.73	-18.2 **	28.16	-13.063**
Physical Self	33.68	-13.018**	29.47	- 9.746**
Moral-Ethical Self	28.48	-18.994**	29.11	- 9.116**
Personal Self	34.11	-13.916**	28.50	-13.223**
Family Self	30.11	-19.017**	31.53	- 8.561**
Social Self	38.430	-10.430**	36.66	- 6.621**
Defensive Positive	41.52	- 7.702**	37.21	- 6.585**
General Maladjustment	70.43	19.533**	72.40	13.013**
Psychosis	60.69	9.26**	59.11	4373**
Personality Disorder	70.58	11.065**	69.05	8.629**
Neurotic	67.24	17.533**	70.16	13.538**
Personality Integration	37.74	-11.943**	36.74	- 7.788**

*$p < .05$ **$p < .01$

lack of trust in others.

After finding that alcoholics generally had lower self-esteem than the general population, t-tests were then performed to examine whether females were significantly lower than alcoholic males on these subscales and empirical scales. The tests revealed that male and female alcoholics were not significantly different on the Self-Criticism and Total Positive scales. In order to minimize the possibility of Type I error, a multivariate Hotelling statistic was utilized on groups of similar scales--(a) Identity, Self-Satisfaction, and the Behavior scales, (b) Conflict Net and Conflict Total, and (c) the six empirical scales. These three groups of scales yielded no significant differences between alcoholic males and alcoholic females. When the different self-perception scales (i.e., Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self) were grouped together, significant differences were found, $\underline{T}^2$ (5,134) = 22.50, $\underline{p}$ = .001. Analysis of univariate t-tests indicated that females had a significantly lower score on the Personal Self score, $\underline{t}$ (138) = 2.65, $\underline{p}$ = .009, indicating that females ($\underline{M}$ = 28.5) have a lower value of self and feel more inadequate than do male alcoholics ($\underline{M}$ = 34.11). The analysis of the Physical Self score approached

significance, t (138) = 1.73, $p < .09$, indicating that female alcoholics (M = 29.47) have a poorer view of their body, including their sexuality, appearance, and health, than do male alcoholics (M = 33.68).

These tests suggested that some differences were apparent between the male and female alcoholics. To examine whether these effects were not due to basic demographic variables, hierarchical multiple regression analyses were conducted on nine of the TSCS subscales. Age and socioeconomic status, as defined by Hollingshead (1975), were utilized as predictor variables followed in the analysis by sex. Socioeconomic status was not found to be a significant predictor variable for any of the scales. Age was found to be the significant predictor variable on seven of the subscales: Total F (1,136) = 9.84, p = .002, Self-Satisfaction F (1,136) = 12.55, p = .001, Behavior F (1,138) = 12.30, p = .001, Moral-Ethical Self F (1,137) = 15.54, $p < .001$, Personal Self F (1,137) = 7.54, p = .007, Family Self F (1,136) = 5.13, p = .025, and Social Self F (1,136) = 12.48, p = .001. Age also approached significance with Identity, F (1,136) = 3.61, p = .060, and Physical Self F (1,136) = 2.77, p = .098. As age rose the scores on the scales also rose, indicating that older alcoholics had a higher general level of self-esteem than younger

alcoholics. They were more accepting of their behavior and their physical being, and they were better able to relate to others.

These analyses confirmed that sex was still a significant predictor on the Personal Self scale, F (1,137) = 7.34, p = .008, and approached significance on the Physical Self scale, F (1,136) = 3.05, p = .083, even after taking into account age and socioeconomic status. Female alcoholics were still shown to have lower perceptions of their personal self and physical self than male alcoholics.

The second part of the study looked at how alcoholics perceived other people's attitutdes towards themselves. This part used two different instruments--a sematic differential in which the alcoholic related his/her perceived viewpoint of others and a questionnaire in which the alcoholic related his/her perception of support from others.

The semantic differential items were grouped according to the item loadings on the factor analysis of Stafford and Petway (1977). To test whether Stafford and Petway's groupings were appropriate for this study, Cronbach's alpha was calculated for the only scale with more than two items--the evaluative factor (bad-good, dishonest, honest, sour-sweet, sick-healthy). Alpha

scores for the five evaluative scales (i.e., spouse, children, friends, employers, and community) ranged from .60 and .83, indicating good reliability for these scales. Other Stafford and Petway factors used were the activity factor (calm-excitable, slow-fast), the potency factor (strong-weak, hard-soft), the morality factor (moral-immoral, not respectable - respectable), and the accountability factor (responsible-not responsible, reliable-not reliable). Also hopeful-hopeless, critical-uncritical, masculine-feminine, and selfish-unselfish scales were employed.

Whether male and female alcoholics had different perceptions of how spouse, children, friends, employers, and the community perceived them was examined. Analyses of variance utilizing sex as a between group variable and age as a covariate were performed over the semantic differential factor scores. Consistent through the focuses of support were the potency factor and the feminine-masculine factor. First, looking at the potency factor, female alcoholics perceived that their spouses, children, employers, friends, and the community viewed them as being stronger and softer than the male alcoholics' perceptions of how these people saw them: Spouse $\underline{F}$ (1,65) = 4.74, $\underline{p}$ = .03, Children $\underline{F}$ (1,75) = 6.46, $\underline{p}$ = .01, Employers $\underline{F}$ (1,31) = 7.74, $\underline{p}$ = .001,

Friends F (1,137) = 8.49, $p < .01$, and Community F (1,136) - 11.58, $p < .001$. Next looking at the masculine-feminine factor, females perceived that their spouses, children, employers, friends, and the community viewed them as being feminine while males perceived that these focuses of support saw them as being masculine: Spouse F (1,65) = 65.01, $p < .001$, Children F (1,75) = 59.95, $p < .001$, Employers F (1,31) = 19.08, $p < .001$, Friends F (1,137) = 169.51, $p < .001$, Community F (1,136) = 143.42, $p < .001$.

Significance was found in the morality factor for employers, friends, and community. Females perceived that their employers, friends, and the community discerned them as being more moral and respectable than the males' perceptions of these people: Employers F (1,31) = 4.54, $p = .04$, Friends F (1,137) = 5.09, $p < .03$, Community F (1,136) = 6.42, $p = .01$.

Significance was also found on two other factors--accountability and activity, and significance was approached on the evaluative factor. The accountability factor was only found to be significant for the children. Female alcoholics were significantly lower on this factor. The females perceived that their children viewed them as being less responsible and more unreliable than the perceiptions of their male counterparts,

F (1,75) = 10.62, $p < .002$.

Significant differences between male and female alcoholics were found in the activity factor for spouses. Females perceived that their spouses looked upon them as being faster and calmer, F (1,65) = 5.29, p = .02. On the married evaluative factor sex approached significance, F (1,65) = 3.17, p = .08. Females felt that their spouses perceived them as being less sour, dishonest, bad, and sick. (See Table 2 for means of significant factors).

Finally, a 2 (sex) X 2 (type of support) mixed analyses of covariance, utilizing age as a covariate, were conducted by focus of support (spouse, children, employers, friends, and community) in order to identify whether any male or female alcoholic differences existed between the different types of support, emotional or financial, perceived to be given by the different potential sources of support. Except for employers, in which no significance was found within the financial and emotional factors, significant differences were found within the financial and emotional support factors for spouses, children, friends, and community: Spouses F (1,75) = 20.05, $p < .001$, First Child F (1,74) = 61.41, $p < .001$, Second Child F (1,55) = 36.59, $p < .001$, Friends F (1,137) = 77.66, $p < .001$, Community F (1,138) = 80.00,

Table 2

Means Which Showed Differences Between Male and Female Alcoholics in Their Perceptions of How Their Spouse, Children, Employers, and the Community Viewed Them on a Semantic Differential

Factor	Male	Female
Potency (1 = Weak, Hard 7 = Strong, Soft)		
Spouse	6.68	8.43
Children	6.69	8.75
Employers	4.72	8.40
Friends	6.45	8.05
Community	6.15	7.82
Feminine-Masculine (1 = Feminine 2 = Masculine)		
Spouse	5.70	2.62
Children	5.81	2.40
Employers	5.86	2.19
Friends	6.07	2.71
Community	6.00	2.79
Morality (1 = Immoral, Not Respectable 7 = Moral, Respectable)		
Employers	7.21	9.58
Friends	7.46	8.24
Community	7.53	8.45

Table 2 (Cont.)

Factor	Male	Female
Accountability (1 = Not Responsible, Unreliable 7 = Responsible, Reliable)		
Children	4.16	3.56
Activity (1 = Excitable, Slow 7 = Calm, Fast)		
Spouse	8.94	10.57
Evaluative (1 = Sour, Dishonest, Bad, Sick 7 = Sweet, Honest, Good, Health)		
Spouse	16.48	14.82

$p < .001$. The means indicated that both male and female alcoholics perceived that they would receive more emotional support than financial support from their spouses ($\underline{M}_{emotional} = 2.49$, $\underline{M}_{financial} = 3.58$), First Child ($\underline{M}_{emotional} = 3.25$, $\underline{M}_{financial} = 5.53$), Second Child ($\underline{M}_{emotional} = 3.09$, $\underline{M}_{financial} = 5.61$), Friends ($\underline{M}_{emotional} = 3.21$, $\underline{M}_{financial} = 5.03$), Community ($\underline{M}_{emotional} = 4.01$, $\underline{M}_{financial} = 5.71$). There was only one case in which females differed from males, as indicated by the sex by type of support interaction for friends, $\underline{F}$ (1,137) = 3.83, $p = .0523$. A Tukey B Post-Hoc analysis indicated that female alcoholics perceived significantly more emotional support from their friends, $\underline{M}_{females} = 2.55$, than did males, $\underline{M}_{males} = 3.46$. As with the other analyses, both groups perceived more emotional support than financial support, $\underline{M}_{females} = 2.55$, $\underline{M}_{males} = 3.46$, from their friends.

DISCUSSION

Alcoholics' self-esteem and alcoholics' perceptions of other people's attitudes towards them were the focuses of this study. The question to be answered was--Do male or female alcoholics feel that they are more stigmatized? It was hypothesized that female alcoholics would feel greater stigma and lower self-esteem than comparable male alcoholics.

The results of the first part of this study indicated that male and female alcoholics have lower self-esteem than the general population. This finding supports the suggestion of McCord, McCord, and Guckman (1960) that alcoholics have low self-esteem. This has been demonstrated both in studies of alcoholic males compared to non-alcoholic males (Armstrong & Hoyt, 1963; Berg, 1968; and Vanderpool, 1969) and alcoholic females compared to non-alcoholic females (Beckman, 1978).

Comparing male and female alcoholics, however, few differences were found between them. Different studies on the self-esteem of male and female alcoholics have produced different results. Using the Rosenberg Self-Esteem Scale, Beckman (1978) and Beckman, Day, Bardsley, and Seeman (1980) found that female alcoholics

had lower self-esteem than male alcoholics. Beckman and Amaro (1983), who again used the Rosenberg Self-Esteem Scale, and Clarke (1974), who used a Q-sort technique, did not find differences in self-esteem between male and female alcoholics. Since previous studies had found that female alcoholics had lower self-esteem than male alcoholics, Beckman and Amaro gave two suggestions for their lack of differences. First, they contended that women's self-esteem may have increased more as a result of entering treatment than for men's. This suggestion does not seem to be relevant, however, since both the Beckman (1978) and the Beckman and Amaro (1983) studies used approximately the same type of populations and got different results. Second, they suggested that women with the lowest self-esteem may not have yet begun treatment because such a trait works as an obstacle to treatment seeking. Of course, men with the lowest self-esteem also may not have entered treatment because their low self-esteem works as an obstacle to treatment seeking.

The present study not only examined global self-esteem which included a person's view of himself-herself and a person's view of his/her relationship with others but also looked at specific factors involved in self-esteem. Two important differences between males and females were

found on the TSCS, specifically Personal Self Scale and the Physical Self Scale. In contrast to the global self-esteem score which includes many measures of how people feel they relate to others, the Personal Self scale focuses on a person's inner value of self, and the Physical Self scale focuses on the person's view of his/her body. First, female alcoholics on the Personal Self scale indicated that they valued themselves less than did male alcoholics. This finding supports Beckman's (1980) study that female alcoholics feel more inadequate when drinking than male alcoholics. The other scale in which there were differences was the Physical Self scale. Again female alcoholics as compared to male alcoholics had a poorer self image. This time it was related to their physical being as they were more dissatisfied with their sexuality, health, skills, and physical appearance. In other words, they were not satisfied with the physical state of themselves as females. Feeling inadequate as a person and as a female suggests one reason for the high rate of depression and sucidal thoughts in female alcoholics (Blume, 1982; Winokur & Clayton, 1968). These feelings of inadequacy also suggest a reason why some female alcoholics may not complete their alcoholism treatment. Also it may be related to lower treatment success rates for women

(Beckman, 1975; Blume, 1978). Female alcoholics may return to drinking because they feel they have no value as people.

While sex was found to be important in only two variables, age was found to be important in most of the variables. An interesting finding in the first part of this study was that older alcoholics had a more positive perception of themselves than younger alcoholics. On most of the scales on the TSCS, older alcoholics displayed higher self-esteem than younger alcoholics. This supports the finding that low self-esteem in adolescence is related to drinking (Braucht, Brakarsh, Follingstad, & Berry, 1973). Alcohol may seem an easy coping mechanism to raise their depressed self-esteem. Older alcoholics may have higher self-esteem because they have had a longer time to develop relationships which support them and help raise their self-esteem. They may be more accepting of their accomplishments and experiences, while younger alcoholics may still be striving for their goals. Also the younger alcoholics who enter treatment may be a select group of younger alcoholics with low self-esteem. For a younger alcoholic to enter treatment may be a more serious admission of difficulty. The younger alcoholic without low self-esteem may wait until later to enter treatment.

Other studies have found similar results with regard to differential success rates in treatment programs and differential rates of drinking. Langone and Langone (1980) suggested that success rates range from 45 percent among 18- to 24-year-old patients to 85 to 90 percent among middle-class, middle-aged patients with families. Younger patients are seen as having a lower rate of success because they have not yet worked out their identity crises and have not yet stabilized themselves professionally. Also a younger alcoholic has a longer remaining life-span in which to relapse. Looking just at women, Corrigan (1980) found that women under 40 were more likely classified into the heavy drinking category, while women over 40 were more likely classified in the low heavy or moderately heavy drinking category.

While there were only two important differences in how male and female alcoholics perceive themselves, there do seem to be important differences in their views of how others perceive them. The results of the second part of the study found that the perceived viewpoint of the alcoholic depended on whom the alcoholic was perceiving. The Potency factor and the Faminine-Masculine factor were consistent through the different focuses of support (spouse, children, friends, employers, and community). Both male and female

alcoholics perceived that the above others viewed them as competent people. They felt these people discerned them as being efficient and as having some power. Female alcoholics perceived that these people saw them as being more able than did male alcoholics. The results of the Potency factor and the Personal Self scale on the TSCS seem to conflict with each other. There appears to be a perceptive discrepancy. While female alcoholics perceive that others view them as competent, they perceive themselves as having little value. Women alcoholics may feel that they have to appear competent to others, but they may feel very incompetent. They may feel they are playing a game of charades--I pretend I'm one thing, but I'm really something else. This also may be true for male alcoholics as their scores were lower than the TSCS norm group, but it appears especially true for female alcoholics because their scores were lower then the scores of the male alcoholics.

The Feminine-Masculine factor measures whether the alcoholics perceive the focuses of support as viewing them as feminine or masculine. Female alcoholics perceived that these people viewed them as being feminine while male alcoholics perceived that these focuses of support saw them as masculine. The results of the Feminine-Masculine factor and the Physical Self

scale on the TSCS appear to conflict with each other. Female alcoholics perceive that others view them as feminine, but they physically feel unattractive and dissatisfied with their sexuality as females. This finding supports another study that found that alcoholic women may reject the female role but still perceive the need to live up to social norms of femininity (Parker, 1972). These conflicts of appearing competent but feeling incompetent and of appearing feminine but not feeling feminine may be related to their reported low self-esteem on the Personal Self scale and the Physical Self scale.

This study also found that male and female alcoholics perceived that employers, friends, and the community viewed them as moral and respectable. It appears that alcoholics do not perceive that they are being stigmatized as immoral by these people. Also using a semantic differential, Stafford and Petway (1978) in their study of stigmatization found though that middle class, white subjects actually did stigmatize alcoholics as more immoral and less respectable compared to the general population. Also in the present study female alcoholics perceived that their employers, friends, and the community saw them as being more moral and respectable than did males. The

findings of Stafford and Petway's study which examined the public's view of alcoholics and this study which examined alcoholics' perceptions of what others think of them seem to indicate that alcoholics misperceive other people's feelings. There appears to be a conflict between what people think and how alcoholics perceive these views. The inflated view, especially among female alcoholics, also may be due to the idea of the charade that they feel that they have to portray to the public. Also there is the possibility that the "public" hasn't been as honest and confrontive with the alcoholic as they were for Stafford and Petway. There may be deception of self and others on both sides.

The Accountability factor showed a difference for male and female alcoholics only for the children. Although the means for both of them were more in the midpoint of the scale, females were lower than males. They felt that their children saw them as more irresponsible and unreliable than did males. This finding supports Mulford's (1980) view that female alcoholics feel that their children are most critical of their drinking and Beckman and Amaro's (1983) results that children are more likely to urge treatment for women than for men. Perceiving that their children view them as irresponsible may bring feelings of guilt of being poor mothers which

can then be an incentive to seeking treatment. This suggestion is consistent with the finding that female alcoholics have more guilt and shame than male alcoholics (Mandel, Schulman, & Monterio, 1979). On the other hand, feeling irresponsible may also be a deterent to seeking treatment. If female alcoholics feel it will be irresponsible to leave their children to receive treatment for themselves, their guilt may prevent them from seeking treatment.

Finally, looking at the last two factors, both male and female alcoholics perceived that their spouses viewed them as high on the Activity factor and the Evaluative factor. They perceived that their spouses saw them as actively getting things done, and females perceived that their husbands looked upon them as even more efficient than did males. Scores on the Evaluative factor indicated that females perceived that their spouses evaluated them more highly than did males. They discerned that their husbands viewed them as sweeter, better, healthier, and more honest than the males' perceptions. In contrast, Stafford and Petway found that alcoholic women were labeled more sour than alcoholic men, and alcoholic men were labeled more excitable. Also in the Stafford and Petway study alcoholics in general were seen as deviating more toward the sick and dishonest

end of the rating scale than unlabeled targets. Again this indicates that alcoholics' perceptions may not conform to what others actually think of them. This misperception may help to preserve their self-image, but it also shows that they may not be able to discriminate accurately. Again this misperception may illustrate their need to portray to the public a different view of what they really feel they are. Another possible explanation for this difference is that through the process of denial, they have been able to reject the idea that others may think poorly of them. Finally, another possible explanation for this difference may be the different education level for the Stafford and Petway subjects compared to the alcoholics in the present study. The Stafford and Petway study used 208 men and women of which more than half were college psychology undergraduates. All the subjects were well above the category of skilled labor. This study used 140 men and women for whom the average educational level was high school graduate. Most of the subjects were below the skilled labor category. People with higher education and more skills may associate alcoholism with lower socioeconomic class and therefore may feel more negatively towards alcoholics. People with a lower educational level and fewer skills may have

the need to feel that they are better than others or may actually be treated differently by their significant others compared to middle class alcoholics.

The final part of the study looked at the alcoholic's perception of the financial and emotional support to be received from his/her partner, children, friends, employers, and community. Except for employers, male and female alcoholics perceived that they would receive more emotional support than financial support from others in their treatment. Since the means were on the positive side of neutral, this may indicate that the perceived emotional support has been an incentive to their entrance into treatment. In the one case in which females and males differed, females perceived that they would receive more emotional support from their friends than did males. Again on this point the means were on the positive side of neutral, which again may indicate that female alcoholics may be perceiving their friends as an incentive to entering treatment. Although emotional support from their friends may be an incentive for female alcoholics to enter treatment, it may also be a detriment. They may feel that they receive such a large amount of emotional support from their friends that they do not really need to be in treatment. This idea supports the finding that a greater percentage of

women compared to men conveyed encountering opposition to entering treatment from friends, while friends were more likely to suggest treatment for men (Beckman and Amaro, 1983).

As with any study, this study has numerous limitations. First, this study tried to sample a variety of male and female alcoholics, but most of the subjects in this study were from the same socioeconomic status. It is not known whether the same results would have been found had subjects from many different socioeconomic groups been used. Many of the studies on self-esteem have not investigated the relationship of self-esteem to socioeconomic status.

Second, there is the problem of treated and untreated alcoholics. As with most alcoholism studies, this study investigated alcoholics who had already entered treatment. Although this study tested the subjects within one week of their entrance into treatment, there is still a probability that there are differences between alcoholics who have entered treatment and those who have not entered treatment. Of course, there is the difficulty of finding large numbers of drinking alcoholics who are not in treatment and who would be willing to be in a research project

Similarly, once within treatment there may be a

difference between the perceptions of alcoholics in detoxification and those out of detoxification. Again, as in most studies, this study used alcoholics obtained after detoxification. A major problem with testing alcoholics who are in detoxification is that they are often too sick to answer questions. Still, it may be that the alcoholic's perception is significantly altered after detoxification, resulting in the lack of the ability to generalize findings to when the alcoholic was actively drinking.

Finally, this study investigated alcoholics' perceptions of support systems inside treatment. There may be a difference in the support given inside treatment and the support given outside treatment. For instance, the focuses of support may not want to associate with the alcoholic while the person is in treatment even though they supported the individual outside of treatment. They may be tired of giving support. Or they may be very supportive now that the alcoholic is in treatment, but they may not have given any support while the alcoholic was still drinking.

Because of the limitations in alcoholism research, other studies need to further investigate this subject. This study used self-reports to examine alcoholics' perceptions of how others felt towards them. There may

be distortions though between alcoholics' perceptions and others' actions. In order to examine whether there are distortions, observational studies, which investigate overt behavior, can also be used along with the self-reports. Unobstrusive measures, such as the number of visits from the focuses of support, the number of letters received, and the amount of money received, may be useful in assessing support given by significant others.

Second, looking at specific factors of self-esteem, this study found that female alcoholics feel inadequate as persons and as females. As is noted in the studies of low success rates for females, it may be that women alcoholics lack the incentive to abstain from alcohol because of these feelings of imperfection. Female alcoholics may also leave treatment before completion because of their perception of themselves as being of little value as a person and as a female. Further study might test female alcoholics for differences on the Personal Self and the Physical Self scales of the TSCS for females who complete the program and those who do not. The results of this study could be beneficial to treatment programs, as treatment centers may need to emphasize different areas in their programs for male and female alcoholics In order to facilitate women alcoholics' completion in treatment and to help them

remain free from alcohol, treatment personnel may need to direct attention to raising female alcoholics' self-esteem related to their personal and physical selves. If female alcoholics do not value themselves as persons or females, group and individual therapy needs to emphasize the strengths of these areas.

Finally, the subjects of this study did not feel that they were being stigmatized by some of the focuses of support, but Stafford and Petway found that alcoholics were stigmatized by others. A suggestion for further research is to give the same instruments to both the alcoholics and their focuses of support. In this way the researcher could see if there are distortions in perception, which may affect entry and completion of treatment. If an alcoholic does not feel stigmatized by the focuses of support, self-esteem may not be lowered enough, to provide the incentive to enter treatment. While in treatment, the alcoholic may presume that support will be forthcoming. When support is not given, the alcoholic may leave treatment.

APPENDIX A

1) Perception Questionnaire

Informed Consent Statement

The Department of Psychology at California State College at San Bernardino supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in the present study.

This study is concerned with your attitudes about yourself and your attitudes about others. Specifically, you will be asked to fill out questionnaires related to your own self perceptions, your perceptions of how you feel others view you, and your perceptions of the support you will receive during your alcoholic treatment.

Your participation is solicited but is strictly voluntary. Be assured that your name will not be associated in any way with the research findings. Although I believe that you will find participation interesting, you are free to terminate your participation at any time. If, at any time, you come across a question that you don't want to answer, please skip that question and go on to the next one. It is important that you answer the questions as honestly as possible. I appreciate your cooperation very much.

Sincerely,

Linda J. Charkins

_____

Signature of person agreeing to participate

Code Number _____

Please circle the appropriate information.

SEX: Male Female

MARITAL STATUS: Married Single Divorced Widowed Separated

HIGHEST GRADE COMPLETED IN SCHOOL:

5 or below	6 Grade school	7	8	9 Jr. High	10
11	12 High School Graduate	13	14	15	16 College Graduate
17 or higher					

Please fill out the appropriate information.

AGE: _____

OCCUPATION: _____

PLACE WHERE YOU MOST OFTEN DRINK (for example, bar, home): _____

_____

NUMBER OF CHILDREN: _____

HOW MANY YEARS (MONTHS) DO YOU FEEL THAT YOU HAVE BEEN AN ALCOHOLIC? _____

INSTRUCTIONS FOR THE NEXT 5 PAGES

The purpose of this part of the questionnaire is to measure how you feel certain people view you. On each page you will find a different person to be judged and beneath a set of adjectives. You are to rate how you feel this person views you on each set of adjectives.

Here is how you are to use the scales:

If you feel that the adjective at either end of the scale is very closely related to how you feel the person views you, then place your check-mark as follows:

bad_X_:___:___:___:___:___:___good

or

bad___:___:___:___:___:___:_X_good

If you feel that the adjective at either end of the scale is quite closely related (but not extremely) to how you feel the person views you, then place your check-mark as follows:

honest___:_X_:___:___:___:___:___dishonest

or

honest___:___:___:___:___:_X_:___dishonest

If you feel that the adjective at either end of the scale is only slightly relative (but is not really neutral) to how you feel the person views you, then place your check-mark as follows:

sour___:___:_X_:___:___:___:___sweet

or

sour___:___:___:___:_X_:___:___sweet

If you feel that the adjective at either end of the scale is completely irrelevant or equally associated to how you feel the person views you, then place your check-mark in the middle space:

sick___:___:___:_X_:___:___:___healthy

IMPORTANT: (1) Place your check-marks in the middle of spaces, not on the boundaires:

THIS NOT THIS

___:_X_:___:___:__X__:___

(2) Do not omit any adjective set.

(3) Never put more than one check mark on a single scale.

Sometimes you may feel as though you've had the same item before on the test. This will not be the case, so do not look back and forth through the items. Do not try to remember how you checked similar items earlier in the test. Make each item a separate and independent judgement. Work at fairly high speed through this test. Do not worry or puzzle over individual items. It is your first impressions, the immediate "feelings" about the items, that I want. On the other hand, please do not be careless, because I want your true impressions.

Are you married or do you live with someone? If you are not married or do not live with someone, proceed to the next page. If you are married or live with someone, please continue. Please place a check-mark for each set of adjectives indicating how you feel your partner views you.

Sour	____:____:____:____:____:____:____	Sweet
Honest	____:____:____:____:____:____:____	Dishonest
Bad	____:____:____:____:____:____:____	Good
Sick	____:____:____:____:____:____:____	Healthy
Moral	____:____:____:____:____:____:____	Immoral
Not Respectiable	____:____:____:____:____:____:____	Respectable
Responsible	____:____:____:____:____:____:____	Not Responsible
Reliable	____:____:____:____:____:____:____	Unreliable
Calm	____:____:____:____:____:____:____	Excitable
slow	____:____:____:____:____:____:____	Fast
Strong	____:____:____:____:____:____:____	Weak
Hard	____:____:____:____:____:____:____	Soft
Feminine	____:____:____:____:____:____:____	Masculine
Unselfish	____:____:____:____:____:____:____	Selfish
Critical	____:____:____:____:____:____:____	Uncritical
Hopeful	____:____:____:____:____:____:____	Hopeless

Do you have children? If you do not have children, proceed to the next page. If you do have children, please continue. Please place a check-mark for reach set of adjectives indicating how you feel your children view you.

Sour	____:____:____:____:____:____:____	Sweet
Honest	____:____:____:____:____:____:____	Dishonest
Bad	____:____:____:____:____:____:____	Good
Sick	____:____:____:____:____:____:____	Healthy
Moral	____:____:____:____:____:____:____	Immoral
Not Respectable	____:____:____:____:____:____:____	Respectable
Responsible	____:____:____:____:____:____:____	Not Responsible
Reliable	____:____:____:____:____:____:____	Unreliable
Calm	____:____:____:____:____:____:____	Excitable
Slow	____:____:____:____:____:____:____	Fast
Strong	____:____:____:____:____:____:____	Weak
Hard	____:____:____:____:____:____:____	Soft
Feminine	____:____:____:____:____:____:____	Masculine
Unselfish	____:____:____:____:____:____:____	Selfish
Critical	____:____:____:____:____:____:____	Uncritical
Hopeful	____:____:____:____:____:____:____	Hopeless

Please place a check-mark for each set of adjectives indicating how you feel your closest friends view you.

Sour	____:____:____:____:____:____:____	Sweet
Honest	____:____:____:____:____:____:____	Dishonest
Bad	____:____:____:____:____:____:____	Good
Sick	____:____:____:____:____:____:____	Healthy
Moral	____:____:____:____:____:____:____	Immoral
Not Respectable	____:____:____:____:____:____:____	Respectable
Responsible	____:____:____:____:____:____:____	Not Responsible
Reliable	____:____:____:____:____:____:____	Unreliable
Calm	____:____:____:____:____:____:____	Excitable
Slow	____:____:____:____:____:____:____	Fast
Strong	____:____:____:____:____:____:____	Weak
Hard	____:____:____:____:____:____:____	Soft
Feminine	____:____:____:____:____:____:____	Masculine
Unselfish	____:____:____:____:____:____:____	Selfish
Critical	____:____:____:____:____:____:____	Uncritical
Hopeful	____:____:____:____:____:____:____	Hopeless

Are you employed by someone? If you are not employed by someone, proceed to the next page. If you are employed by someone, please continue. Please place a check-mark for each set of adjectives indicating how you feel your boss/supervisor views you.

Sour	____:____:____:____:____:____:____	Sweet
Honest	____:____:____:____:____:____:____	Dishonest
Bad	____:____:____:____:____:____:____	Good
Sick	____:____:____:____:____:____:____	Healthy
Moral	____:____:____:____:____:____:____	Immoral
Not Respectable	____:____:____:____:____:____:____	Respectable
Responsible	____:____:____:____:____:____:____	Not Responsible
Reliable	____:____:____:____:____:____:____	Unreliable
Calm	____:____:____:____:____:____:____	Excitable
Slow	____:____:____:____:____:____:____	Fast
Strong	____:____:____:____:____:____:____	Weak
Hard	____:____:____:____:____:____:____	Soft
Feminine	____:____:____:____:____:____:____	Masculine
Unselfish	____:____:____:____:____:____:____	Selfish
Critical	____:____:____:____:____:____:____	Uncritical
Hopeful	____:____:____:____:____:____:____	Hopeless

Please place a check-mark for each set of adjectives indicating how you feel your community (general people living in the area where you live, eg., store clerks, police, physicians, neighbors) views you.

Sour	____:____:____:____:____:____:____	Sweet
Honest	____:____:____:____:____:____:____	Dishonest
Bad	____:____:____:____:____:____:____	Good
Sick	____:____:____:____:____:____:____	Healthy
Moral	____:____:____:____:____:____:____	Immoral
Not Respectable	____:____:____:____:____:____:____	Respectable
Responsible	____:____:____:____:____:____:____	Not Responsible
Reliable	____:____:____:____:____:____:____	Unreliable
Calm	____:____:____:____:____:____:____	Excitable
Slow	____:____:____:____:____:____:____	Fast
Strong	____:____:____:____:____:____:____	Weak
Hard	____:____:____:____:____:____:____	Soft
Feminine	____:____:____:____:____:____:____	Masculine
Unselfish	____:____:____:____:____:____:____	Selfish
Critical	____:____:____:____:____:____:____	Uncritical
Hopeful	____:____:____:____:____:____:____	Hopeless

The following pages are concerned with your feelings about the support that you will receive during your alcoholism treatment. Please answer all the questions that are relevant to you. Please circle the number indicating the level of financial support that you feel the designated people will give you during your alcoholism treatment. Then please circle the number indicating the level of emotional support you feel the designated people will give you during your alcoholism treatment. In addition, please check yes or no on the statements following each question.

If you are married or are living with someone, do you feel that your partner will support you during your alcoholism treatment?

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
He/she will visit me.	___	___
He/she will help pay for my alcoholism treatment.	___	___
He/she will care for our children.	___	___
He/she will divorce or leave me.	___	___
He/she will listen to my problems.	___	___

Do you feel your closest friends will support you during your alcoholism treatment?

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
They will visit me.	___	___
They will help pay for my alcoholism treatment.	___	___
They will care for my children.	___	___
They will listen to my problems.	___	___
They will remain my friends.		

If you have children, do you feel that your children will support you during your alcoholism treatment?

OLDEST CHILD Age _____ Sex _____

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
He/she will visit me.	___	___
He/she will help pay for my alcoholism treatment.	___	___
He/she will care for the other children.	___	___
He/she will listen to my problems.	___	___

SECOND OLDEST CHILD Age _____ Sex _____

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
He/she will visit me.	___	___
He/she will help pay for my alcoholism treatment.	___	___
He/she will care for the other children.	___	___
He/she will listen to my problems.	___	___

THIRD OLDEST CHILD Age _____ Sex _____

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
He/she will visit me.	___	___
He/she will help pay for my alcoholism treatment.	___	___
He/she will care for the other children.	___	___
He/she will listen to my problems.	___	___

FOURTH OLDEST CHILD Age _____ Sex _____

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
He/she will visit me.	___	___
He/she will help pay for my alcoholism treatment.	___	___
He/she will care for the other children.	___	___
He/she will listen to my problems.	___	___

FIFTH OLDEST CHILD Age _____ Sex _____

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
He/she will visit me.	___	___
He/she will help pay for my alcoholism treatment.	___	___
He/she will care for the other children.	___	___
He/she will listen to my problems.	___	___

If you are employed by someone, do you feel that your boss/supervisor will support you during your alcoholism treatment?

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

	Yes	No
He/she will visit me.	___	___
He/she will help pay for my alcoholism treatment.	___	___
He/she will hold my job for me.	___	___
He/she will listen to my problems.	___	___

Do you feel your community (general people living in the area where you live, eg. store clerks, police, physicians, neighbors) will support you during your alcoholism treatment?

	Strong Support		Moderate Support		Little Support		No Support
Financial	1	2	3	4	5	6	7
Emotional	1	2	3	4	5	6	7

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